24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
WOMEN SPEAK OUT PAC	C C00530766			
	M M / D D / Y Y Y Y			
Check if 24-hour report 48-hour report New report Amends report filed				
Full Name of Payee Headway Work Force Solutions, HWS, , ,	Date of Public Distribution/Dissemination			
	10 08 2016			
Mailing Address 421 Fayetteville St #1020	Amount			
City State Zip Code	1824.00			
Raleigh NC 27601	Transaction ID : SE.6524 Date of Disbursement or Obligation			
Purpose of Expenditure Payroll for canvassers 10/8/16 Category/ Type 001	10 08 2016			
Name of Federal Candidate Support Office	Sought: House District:			
CLINTON, HILLARY RODHAM	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbu 2016	rsement For: Primary General Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Headway Work Force Solutions, HWS, , ,	10 08 2016			
Mailing Address 421 Fayetteville St #1020	Amount			
City State Zip Code	250.00			
Raleigh NC 27601	Transaction ID : SE.6526 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage for canvassers 10/8/16 Category/ Type 002	10 08 2016			
Name of Federal Candidate	Sought: House District:			
CLINTON, HILLARY RODHAM, , ,	President Senate State:			
Calendar Year-To-Date Disbu	rsement For: Primary X General			
Per Election for Office Sought 194238.80 2016	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	2074.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Buchanan, Emily, , , [Electronically Filed] Date	0 11 2016			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI END	TOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC				C C00530766	
Check if 24-hour report 🗶 48-hour report	X New repo	ort Amend	ds report	filed on M M M / D D / Y Y Y Y Y Y	
Full Name of Payee Headway Work Force Solutions, HW	/S, , ,			Date of Public Distribution/Dissemination	
Mailing Address 421 Fayetteville St #1020				10 08 2016 Amount	
City	State	Zip Code		1824.00	
Raleigh	NC 27601			Transaction ID : SE.6532 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll for canvassers 10/8/16		Category/ Type	001	10 / 08 / 2016	
Name of Federal Candidate		Sup	port	Office Sought: House District:	
KANDER, JASON, , ,		X Opp		President Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		1824.00		Disbursement For: Primary General Other (specify) General	
Full Name of Payee Headway Work Force Solutions, HWS, Mailing Address 421 Fayetteville St #1020	,,			Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code		250.00	
Raleigh	NC	27601		Transaction ID : SE.6535 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage for canvassers 10/8/16		Category/ Type	002	10 08 2016	
Name of Federal Candidate		Sup	port	Office Sought: House District:	
KANDER, JASON, , ,		X Opp	oose	President Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought	, , ,	2074.00		Disbursement For: Primary Seneral 2016 General Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	i			2074.00	
(b) SUBTOTAL of Unitemized Independent Expenditure	res			·	
(c) TOTAL Independent Expenditures				•	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	e or authorized				
Buchanan, Emily, , ,	[Electron	ically Filed]	Date	10 11 2016	
Signature				<u> </u>	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI END			PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 🗶 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Headway Work Force Solutions, HW	/S, , ,			of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020			Amou	10 09 2016 nt
City	State	Zip Code	— r	23176.00
Raleigh	NC	27601		action ID : SE.6543 of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31		Category/ Type 001	M	10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	it: House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Preside	
Calendar Year-To-Date Per Election for Office Sought		217414.80	Disbursemen 2016 O	ther (specify) ▶
Full Name of Payee Headway Work Force Solutions, HWS, Mailing Address 421 Fayetteville St #1020	, ,		Date of the Amou	10 09 2016
City	State	Zip Code		23176.00
Raleigh	NC	27601		action ID : SE.6545 of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31		Category/ Type 001		10 09 7 2016
Name of Federal Candidate		Support	Office Sough	nt: House District:
KANDER, JASON, , ,		X Oppose	Preside	ent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	, ,	25250.00	Disbursemen 2016	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	i		. •	46352.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	e or authorized			
Buchanan, Emily, , ,	[Electron	ically Filed] Date	e 10	11 2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDITIONEO	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC		C C00530766
Check if 24-hour report	v report Amends report fil	ed on Man / Dad / Yayayay
Full Name of Payee Headway Work Force Solutions, HWS, , ,		Date of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020		10 09 2016 Amount
City State Raleigh NC	Zip Code 27601	2250.00 Transaction ID : SE.6547
Purpose of Expenditure Mileage estimate for canvassers 10/9-10-31	Category/ Type 002	Date of Disbursement or Obligation 10 09 2016
Name of Federal Candidate	Support Off	fice Sought: House District:
CLINTON, HILLARY RODHAM, , ,		✗ President Senate State:
Calendar Year-To-Date Per Election for Office Sought	219664.80 Dis	sbursement For: Primary X General 16 Other (specify) ▶
Full Name of Payee Headway Work Force Solutions, HWS, , ,		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020		Amount
City State	Zip Code	2250.00 Transaction ID : SE.6549
Raleigh NC Purpose of Expenditure	27601	Date of Disbursement or Obligation
Mileage estimate for canvassers 10/9-10-31	Category/ Type 002	10 09 2016
Name of Federal Candidate	Support Of	fice Sought: House District:
KANDER, JASON, , ,	✗ Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	27500.00 Dis	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	4500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	55000.00
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Buchanan, Emily, , , [Ele	ectronically Filed] Date	10 11 2016